DOCUMENT RESUME

ED 468 563 PS 030 688

TITLE	Urgency Rises for Quality Child Care. Infants & Toddlers. Policy Brief.
INSTITUTION	WestEd, San Francisco, CA.
SPONS AGENCY	Office of Educational Research and Improvement (ED), Washington, DC.
PUB DATE	2002-09-00
NOTE	6p.
CONTRACT	ED-01-CO-0012
AVAILABLE FROM	WestEd, 730 Harrison Street, San Francisco, CA 94107-1242. Tel: 877-493-7833 (Toll Free); Tel: 415-565-3000. For full text: http://www.WestEd.org.
PUB TYPE	Opinion Papers (120)
EDRS PRICE	EDRS Price MF01/PC01 Plus Postage.
DESCRIPTORS	*Change Strategies; *Child Care; Child Caregivers; Family Needs; *Infant Care; Infants; *Public Policy; Toddlers
IDENTIFIERS	Availability (Programs and Services); Barriers to Change; Caregiver Qualifications; *Day Care Quality

ABSTRACT

Noting that parents of infants and toddlers find child care substandard and expensive, and recognizing the importance of children's earliest experiences for later intellectual and emotional functioning, this policy brief examines what research reveals about the kinds of relationships, experiences, and environments that foster healthy child development. The brief also discusses implications for structuring quality child care programs, describes selected models for such programs, and identifies barriers to quality care. Finally, the brief offers policy implications and recommendations. The brief notes existing research highlighting the importance of stable, responsive relationships for infants and toddlers and maintaining that policies must guarantee that programs are: (1) relationship-based; (2) staffed by knowledgeable professionals who are adequately compensated and supported; (3) organized in small groups that stay together over time with low child-staff ratios; (4) designed around infant-toddler interests; (5) partnered with support services; and (6) evaluated. Barriers to quality care are noted, including its high cost, working conditions which thwart efforts to find and keep good caregivers, and public ambivalence about child care. Policy recommendations are then delineated: (1) targeting resources to increase availability and quality infant-toddler care; (2) providing caregiver incentives to stay in the field and continue professional development; (3) removing disincentives in law or policy; and (4) developing a comprehensive, strategic plan for early care and education from birth to age 8 years. The brief concludes by asserting that creating, funding, and supporting systems of high-quality care for infants and toddlers that target children in poverty first will help secure a better start for millions of young children. (Contains 17 endnotes.) (KB)

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ED 468 563

Infants and Toddlers: Urgency Rises for Quality Child Care. WestEd Policy Brief.

WestEd
San Francisco, CA

September 2002

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WestEd POLICY BRIEF

SEPTEMBER 2002

infants & toddlers

URGENCY RISES FOR QUALITY CHILD CARE

The explosion of knowledge about early development is sending a clear message to policymakers: Children's earliest experiences profoundly influence later intellectual and emotional functioning. High-quality care during the infant and toddler years — care that supports healthy cognitive, language, physical, and social-emotional development — is the cornerstone of later accomplishments, such as learning to read and getting along with others. Empirical evidence shows that investments in early development pay off in later school and social benefits. Yet many working parents find that child care, if available at all, is alarmingly substandard and expensive.

This lack of quality care for children from birth to age 3 and the absence of coherent policies supporting it jeopardize individual and societal well-being in the United States. Conversely, policies can harness new child development knowledge to serve national priorities such as school readiness and, notably, current federal initiatives focused on early literacy.

What kinds of policies would help ensure that infants and toddlers — especially those from poor families — receive the nurturing, enriching, and responsive care they need to succeed in school and life? To help provide answers, this Policy Brief examines what research reveals about the kinds of relationships, experiences, and environments that foster healthy child development. It looks at implications for structuring quality child care programs, points to existing models, and identifies barriers. Finally, it offers policy implications and recommendations.

What the Research Says

In its recent landmark analysis of early childhood research, the National Academy of Sciences concluded that early childhood development is even more rapid, dramatic, and important than we already knew.[1] The nature versus nurture debate has given way to an emphasis on the interplay between genetics and environment, and how early childhood development is enormously subject to that interplay. Underscoring infants' active participation in their own development, findings stress how babies' inborn drive to learn is helped or hobbled by the extent to which their caregivers provide competent, attentive care in safe and interesting surroundings. Moreover, the influence of culture is profound; its shaping force is central to learning.

The pivotal message is that stable, responsive relationships matter most. They shape how a child learns to see and act in the world, providing the foundation for lifelong learning. From interactions with caregivers, infants learn about security, predictability, language, ways to structure and accommodate new knowledge, and rules for moral conduct and appropriate behavior. They learn how to regulate their emotions, behavior, and attention.

MANY AMERICAN BABIES DO NOT GET A GOOD START[2]

- Close to 6 million infants and toddlers are cared for an average of 25 hours a week while their mothers work.
- Sixty-one percent of mothers with children under 3 are employed, earning about a third of the family income.
- A third of families receiving welfare have children age 2 or younger; almost half the states require women with children under 1 to work.
- Quality is inadequate in 92 percent of infant-toddler programs; 40 percent are rated less than minimal. In some cases, the care is damaging.[3]
- Child care center staff are often untrained and poorly paid. The turnover rate is 40 percent annually; one in three family home care providers leave the field.[4]

Focused on the care of children from birth to age 3, this early childhood Policy Brief is a companion to our brief on preschoolers, available at www.WestEd.org/policy.

QUALITY INFANT-TODDLER SERVICES WORK

Early Head Start (EHS) is a high-quality child-and-family-development services program initiated in 1996 for low-income families by the U.S. Department of Health and Human Services. A recent study[5] conducted looked at 3,000 children, half of whom received EHS services during their first three years of life. The study found that, compared to the control group, EHS children did better on tests of cognitive, language, and social development and their parents read more to them, were more supported, spanked them less, and were more likely to provide homes that support literacy and learning. When programs are able to provide the quality comprehensive services called for in the Head Start Program Performance Standards, they have greater positive impact on children and parents. EHS, still relatively new, is leading the way. Its development should inform many infant and toddler policy initiatives.

When an anxious or frightened child receives a prompt soothing response from her caregiver, the foundation is being laid for later efforts such as paying attention in school or persisting on a difficult task. Conversely, a child whose crying is ignored or draws punishment is more likely to be anxious and have difficulty focusing outward on the world around her.[6]

What This Means for Infant-Toddler Child Care

Such findings offer guideposts for quality care. To provide fertile environments for early childhood's fast-paced cognitive, language, social, and emotional growth, child care programs need a strong philosophical and professional base, something most now lack. Policies must guarantee that programs are:

Relationship-based. Programs must be structured so that each child has a sustained relationship with a primary caregiver who knows the infant's needs, likes, dislikes, and language. Emotional attachment and trust then develop. Conversely, a child's repeated loss of caregivers causes stress, insecurity, disruption in the child's development, and frequently leads to aggression.[7]

Staffed by knowledgeable professionals who are adequately compensated and supported. Caregivers must know the stages of infant and toddler development and be able to provide each child with care that is culturally attuned, supportive of babies' urge to discover and explore, and understanding of toddlers' differing styles and temperaments. Well-trained caregivers observe and record each child's development and use that information to identify special needs and communicate with parents. They know that the human brain continues to develop after birth and understand their critical role in a child's moment-to-moment construction of himself. Professionals of this caliber must be adequately compensated or they will leave the field.

Organized in small groups that stay together over time, with low child-to-staff ratios. Keeping caregivers and groups of children together for at least three years provides needed continuity in personal relationships. To support those relationships, ratios must be significantly lower than most states currently require. Conversely, large groups can be overwhelming and stressful, adversely affecting relationship development and focused learning.

Designed around infant-toddler interests. Infant-toddler care should start with a child's interests and enable the caregiver to adapt to, encourage, and expand on those interests. A quality program is attuned to four areas: social relationships, intellectual problem solving, language development, and physical development. A child's mastery of these life-competency "courses" is the foundation for developing skills needed in school and life, including cause-effect relationships, the use of language, the development of memory, and how to get along with others.[8] A toddler pretending that a paper plate is a steering wheel is beginning to think symbolically — a necessary precursor for such skills as reading and writing. Such learning happens in an integrated, rather than linear, way. It does not require infants and toddlers to behave like school-age children, for example, by following arbitrary schedules or performing tasks unrelated to their abilities or interests. On the contrary, it builds on each child's innate desire to learn and grow.

Partnered with support services. A quality center or child care home functions as a hub or resource for medical and dental care, mental health prevention and intervention services, social services, home visiting programs, and early intervention for children with, or at risk for, special needs and disabilities.

Evaluated. Quality indicators include a low caregiver turnover rate; educated providers; high levels of parent involvement; and early detection of, and intervention with, health, language, or learning problems.

MILITARY ABOUT-FACE

Child care under the U.S. Department of Defense was transformed in a decade from inadequate to a model. How? The military revamped and made a major investment in its child care system. One key to its success has been mandating rigorous standards for the 300 centers serving 170,000 children worldwide. Another has been ensuring training and good pay for caregivers – which shrank the turnover rate from 48 to 24 percent in four years. Though costs rose from $90 million to $352 million, the system pays for itself in terms of workforce stability and healthy child development.[9]

Barriers to Quality Care

The major barrier to improved care is a national absence of early childhood systems.[10] The norm is piecemeal programs with no grand plan. Efforts toward cohesion face many obstacles, including:

High cost of care. Infant-toddler care costs at least $6,000 a year — out of reach for many families and, nonetheless, mostly substandard in quality. Subsidies help the poor, but only 12 percent of 15 million eligible families receive them.[11]

Low pay, lack of benefits, and stressful working conditions, which thwart efforts to find and keep good caregivers. Good training programs are scarce and costly. Center-based caregivers who do get quality training receive only about $15,400 a year, few if any benefits, and face stressful working conditions. A resulting turnover rate of 33–40 percent a year negatively impacts infants and toddlers.

Public ambivalence. Most American families balance parenting and employment. Though Americans value family self-sufficiency, polls also show an overwhelming belief that young children should be cared for by a parent (the mother).[12] This ambivalence — coupled with lack of public knowledge of what good child care programs look like — impedes realistic debate, making it hard to secure the public investment needed to develop and sustain quality out-of-home care.

Policy Implications/ Recommendations

Actions needed to replace the current piecemeal approach with a cohesive system include:

Target resources to increase the availability and quality of infant-toddler child care. A good starting place is to increase the number of subsidized slots and, at the same time, provide training and technical assistance to increase the quality of care provided.

Provide incentives for caregivers — center- and home-based — to stay in the field and continue their professional development. Training and education scholarships, wage subsidies, identification or development of model programs, and policies that support relationship-based care are significant ways to support workforce stability and professionalism.

Remove disincentives that may exist in law or policy. Regulations need to be evaluated; assessment tools, systems, quality standards, and program evaluations should reflect current research and recommendations.

Develop a comprehensive, strategic plan for early care and education (birth to age 8), of which infant-toddler care is one piece. Create a governance structure, identify gaps in service, analyze costs, and develop stable funding. Cost-benefit analyses should include cost savings (e.g., health or learning problems prevented). Funding strategies should bridge across health, education, and social service budgets. Funding analyses should consider the current vicious fee cycle: Programs set fees below costs to be affordable and competitive; subsidies are then pegged to market rates, thus perpetuating low teacher pay and high turnover. Effective policies also need to address child care's actual costs.

Conclusion

A disconnect exists in the United States between major scientific advances that underscore the importance of nurturing, responsive relationships for infants and toddlers and the substandard reality of child care, especially for poor families. Amid major state and national efforts to improve school performance, a lack of effective policy on infant-toddler care results in a steady supply of children who start school ill-equipped with the cognitive, emotional, and social tools they need to succeed. Rather than mounting ever more expensive attempts to fill readiness gaps, policymakers can move to prevent such problems by creating, funding, and supporting systems of high-quality care for infants and toddlers that target children in poverty first. Such a strategy will not only use funds more effectively but help secure a better start, and future, for millions of young Americans.

LESSONS FROM STATE INITIATIVES

Though no state has developed a comprehensive early childhood program, some are making concerted efforts to bolster infant-toddler care, including:

California, an infrastructure pioneer, has developed a model training program for infant-toddler caregivers, centered on an award-winning video curriculum[13] being used nationwide. Since Proposition 10 passed in 1998, early childhood programs and services have gained millions from tobacco taxes.[14]

Georgia uses part of its federal funding to strengthen infant-toddler care quality through training. By completing a series of child development courses offered at technical colleges, staff can earn an infant-toddler specialist certificate and receive a stipend for each course completed.[15]

North Carolina's Smart Start serves every child, starting at birth, whose family chooses to participate. Public and private funds are pooled to improve child care quality, affordability, and access, and to provide health services and support to low- and moderate-income families. Smart Start children have higher cognitive skill levels and fewer behavioral problems in kindergarten.[16]

Wisconsin is using its federal child care dollars to fund a network of innovative Early Childhood Excellence Centers. Dollars go to facilities that provide a strong physical, social, emotional, cognitive, and language environment for children, parent services, and caregiver training. Another program rewards centers that upgrade quality through staff training by offering bonuses to child care providers to pay for books and training and offers stipends upon training completion.[17]

ENDNOTES

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16 Maxwell, K., Bryant, D., & Miller-Johnson, S. (1999). *A six-county study of the effects of Smart Start child care on kindergarten entry skills*. Chapel Hill, NC: Frank Porter Graham/University of North Carolina. See also www.ncsmartstart.org.

17 See www.uwex.edu/ces/flp/ece.

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This Policy Brief was produced in whole or in part with funds from the Office of Educational Research and Improvement, U.S. Department of Education, under contract #ED-01-CO-0012. Its contents do not necessarily reflect the views or policies of the Department of Education.

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